

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



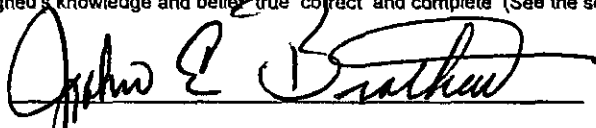
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U NA 6978	2 Fiscal Year Covered From 1 / 1 / 05 Through 12 / 31 / 05
3 Name and address of person filing Name JOHN E BROTHERS P.O. Box Bldg. Room No. if any Street 5350 WESTHALL AVE City LOUISVILLE State KY ZIP Code + 4 40214	4 Name, file number, and address of labor organization Name INTERNATIONAL UNION OF OPERATING ENGINEERS LO#181 Labor Organization File Number 032196 NA P.O. Box Building and Room Number if any PO Box 34 Street 700 N Elm ST City HENDERSON State KENTUCKY ZIP Code + 4 42419
5 Position in labor organization BUSINESS REPRESENTATIVE / PRESIDENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box Bldg. Room No. if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income 7 b. Amount

Signature

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On MARCH 28 2005 (502) 368-5607 Date Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name **INTERNATIONAL UNION OF OPERATING ENGINEERS LO#181**
Trade Name if any **HEALTH + WELFARE TRUST**

P O Box Bldg Room No if any

PO BOX 1179

Street

700 N Elm ST

City

HENDERSON KY

State

KENTUCKY

ZIP Code + 4

42419

9 Business deals with

a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

ATTENDING TRUSTEE MEETINGS

JAN 13, 2005 THRU JAN 14, 2005

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

REIMBURSEMENT FOR TRAVEL, LODGING + MEALS

12 b Amount

\$ 161.38

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment

Name of Person Filing	JOHN E BROTHERS	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name INTERNATIONAL UNION OF
OPERATING ENGINEERS LO# 161
Trade Name HEALTH + WELFARE TRUST

P O Box Bldg Room No if any PO BOX 1179

Street 700 N Elm St

City HENDERSON KY

State KENTUCKY ZIP Code + 4

42419

9 Business deals with

a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code 4

11 a Nature of such dealing

ATTENDING TRUSTEE
MEETINGS

MARCH 4, 2005

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

REIMBURSEMENT FOR MEALS

12 b Amount

\$ 21.29

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

INTERNATIONAL UNION OF
Name OPERATING ENGINEERS LO# 181
HEALTH + WELFARE TRUST
Trade Name if any

P O Box Bldg Room No if any

PO BOX 1179

Street

700 N Elm ST

City

HENDERSON KY

State

KENTUCKY

ZIP Code + 4

42419

9 Business deals with

a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

ATTENDING TRUSTEE
MEETINGS

APRIL 28, 2005 THRU APRIL 29, 2005

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

REIMBURSEMENT FOR
TRAVEL, LODGING + MEALS

12 b Amount

\$ 171 13

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment

Name of Person Filing JOHN E BROTHERS	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name INTERNATIONAL UNION OF OPERATING ENGINEERS LO# 181</p> <p>Trade Name if any HEALTH + WELFARE TRUST</p> <p>P O Box Bldg Room No if any PO BOX 1179</p> <p>Street 700 N Elm ST</p> <p>City HENDERSON KY</p> <p>State KENTUCKY ZIP Code + 4 42419</p>	<p>9 Business deals with</p> <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 40px; margin: 10px auto; text-align: center; line-height: 40px;">a Labor Organization</div> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p style="text-align: center; font-size: 1.2em;">ATTENDING TRUSTEE MEETINGS</p> <p style="text-align: center; font-size: 1.2em;">JULY 14, 2005 THRU JULY 15, 2005</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p style="text-align: center; font-size: 1.2em;">REIMBURSEMENT FOR TRAVEL, LODGING + MEALS</p> <p>12 b Amount \$ 183 39</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing JOHN E BROTHERS	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>INTERNATIONAL UNION OF OPERATING ENGINEERS LO # 181</p> <p>HEALTH + WELFARE TRUST</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any PO Box 1179</p> <p>Street 700 N Elm St</p> <p>City HENDERSON KY</p> <p>State KENTUCKY ZIP Code + 4 42419</p>	<p>9 Business deals with</p> <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 40px; margin: 10px auto; text-align: center; line-height: 40px;">a Labor Organization</div> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name -</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p style="text-align: center; font-size: 1.2em;">ATTENDING TRUSTEE MEETINGS</p> <p style="text-align: center; font-size: 1.2em;">OCT 20, 2005 THRU OCT 21, 2005</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p style="text-align: center; font-size: 1.2em;">REIMBURSEMENT FOR TRAVEL, LODGING + MEALS</p> <p>12 b Amount \$202.88</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p> <p style="text-align: center;">- - - - -</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>